471-000-50 Standard Electronic Transaction Instructions

Nebraska Medicaid exchanges standard electronic transactions and electronic reports with approved trading partners. Trading partners include clearinghouses conducting transactions on behalf of Medicaid-enrolled providers and Medicaid providers conducting their own transactions. Electronic transactions and reports are exchanged with Nebraska Medicaid through dial-up access to the HHS server mailbox system.

Standard Electronic Transactions: Nebraska Medicaid conducts the following standard electronic transactions with approved trading partners –

- Health Care Claim: Institutional (ASC X12N 837)
- Health Care Claim: Professional (ASC X12N 837)
- Health Care Claim: Dental (ASC X12N 837)
- Health Care Claim Payment/Advice (ASC X12N 835)
- Health Care Claim Status Request and Response (ASC X12N 276/277)
- Health Care Eligibility Benefit Inquiry and Response (ASC X12N 270/271)
- Health Care Services Review - Request for Review and Response (ASC X12N 278)
- Benefit Enrollment and Maintenance (ASC X12N 834)
- Payroll Deducted and Other Group Premium Payment for Insurance Products (ASC X12N 820)
- Functional Acknowledgement (ASC X12N 997)
- The standard electronic drug claim formats (NCPDP version 1.1 and NCPDP version 5.1) are accepted from pharmacies through the Department's drug claims processor.

Attachments to Standard Electronic Transactions: Paper forms and documentation may be submitted with the standard electronic health care claim (ASC X12N 837) and health care services review (ASC X12N 278) transactions. When submitting paper attachments, the transaction must include the Identification Code (referred to as the "Attachment Control Number") in the appropriate PWK segment as outlined in the Nebraska Medicaid Companion Guide for the transaction.

Electronic Reports: Nebraska Medicaid provides the following electronic reports in addition to the standard electronic transactions. Providers that conduct transactions though a clearinghouse should ensure that they are receiving the information from these reports.

- Electronic Claim Activity Report: The Electronic Claim Activity Report is generated as needed to approved trading partners of electronic ASC X12N 837 institutional, professional and dental health care claims. The report identifies rejected electronic claims, deleted electronic claims, and unprocessed electronic adjustment requests.

- Electronic Refund Request: The electronic Refund Request is generated as needed for approved trading partners of the electronic ASC X12N 835 health care claim payment/advice transaction.   The report lists claims for which Nebraska Medicaid is requesting refunds.

Trading Partner Enrollment, Testing and Approval: The following steps are required for trading partner approval. The referenced forms may be downloaded from the HHS web site or are available from the Department on request:

MAY 1, 2004   NEBRASKA HHS FINANCE   NMAP SERVICES
MANUAL LETTER # 12-2004   AND SUPPORT MANUAL   471-000-50
                                                         Page 2 of 2

1. To initiate trading partner enrollment, the trading partner completes the Nebraska Medicaid Trading Partner Profile and the Nebraska Medicaid Trading Partner Enrollment Form. Mail or e-mail the completed forms to: Medicaid.edi@hhss.state.ne.us or Medicaid EDI Customer Support, Health and Human Services Finance and Support, P.O. Box 95026, Lincoln, NE 68509-5026.

   Note: The Nebraska Medicaid Trading Partner Authorization form must also be completed for each provider for whom the trading partner will conduct transactions. The authorization forms may be submitted at any time during the testing process, but must be received by the Department before final approval can be issued. Providers that receive the ASC X12N 835 Health Care Claim Payment/Advice must enroll for Medicaid payment through electronic funds transfer (EFT). EFT enrollment forms are available on the HHS web site.

2. When the trading partner enrollment forms are received, Department staff issues the trading partner a submitter identification number and provides specifications on testing and test files.

3. The trading partner contacts the Medicaid EDI Customer Support staff at 866-498-4357 to arrange an initial test date. Testing is conducted in two phases. Phase I testing involves establishing dial-up connectivity with the HHS server and X12 format compliance. Phase II testing involves determining if the transactions pass the Nebraska Medicaid-specific processing requirements.

4. Upon successful completion of Phase I and Phase II testing and receipt of all required forms, the Department notifies the trading partner of approval to begin conducting the transaction(s) with the Department.

Electronic Data Interchange (EDI) Information and Resources: The following resources are available to assist Nebraska Medicaid trading partners in submission of electronic transactions -

- Instructions, forms and other information for electronic data interchange (EDI) trading partners is published on the HHS web site: http://www.hhs.state.ne.us/med/edindex.htm

- Nebraska Medicaid EDI Customer Support Team may be contacted at 1-866-498-4357 or 471-9461 (in the Lincoln area) or via e-mail at medicaid.edi@hhss.state.ne.us

- Nebraska Medicaid Companion Guides to the ASC X12N Implementation Guides for each transaction adopted under HIPAA are available on the HHS web site. The companion guides are used in tandem with the X12N Implementation Guides to clarify and specify the data content required for Nebraska Medicaid. Revisions to the Nebraska Medicaid Companion Guides are published as needed

- The Nebraska Medicaid X12 Submission Requirements Manual for File Transfer Protocol (FTP) guide outlines the requirements and procedures for submitting files to Nebraska Medicaid.

- Testing and approval status of Nebraska Medicaid trading partners for standard electronic transactions is published on the HHS web site.

- Medicaid Provider Handbook appendix 471-000-49, "Claim Submission Table," lists the paper claim forms, electronic claim formats, and billing instruction appendices required for Medicaid services.